



FEDERAL ELECTION COMMISSION
WASHINGTON, D.C. 20463

RQ-2

Carey R. Holliday, Treasurer
Republican Party of Louisiana
7916 Wrenwood Boulevard, Suite E
Baton Rouge, LA 70809

Identification Number: C00187450

APR 4 2001

Reference: October Quarterly Report (7/1/00-9/30/00)

Dear Ms. Holliday:

This letter is prompted by the Commission's preliminary review of the report(s) referenced above. The review raised questions concerning certain information contained in the report(s). An itemization follows:

-Schedule A of your report (pertinent portion(s) attached) discloses a contribution(s) which appears to exceed the limits set forth in the Act. 2 U.S.C. §441a(f) and 11 CFR §110.1(d) preclude a committee and its affiliates from receiving contributions from another political committee or person in excess of \$5,000 per calendar year.

If the contribution(s) in question was incompletely or incorrectly disclosed, you should amend your original report with the clarifying information. If the contribution(s) you received exceeded the limits, you must seek reattribution of the contribution pursuant to 11 CFR §110.1(k), transfer-out the amount in excess of \$5,000 to an account not used to influence federal elections or refund the excessive amount to the donor(s) in accordance with 11 CFR §103.3(b). In the best interest of your committee, all reattributions, transfers-out, and refunds should be made within sixty days of the treasurer's receipt of the contribution(s). In order to protect the donor's interests, the Commission recommends that you inform the contributor(s) in writing to provide the donor(s) with the option of granting written authorization for a reattribution or transfer-out to another account or receiving a refund.

Please inform the Commission of your corrective action immediately in writing and provide a photocopy of your check for the transfer-out or

REPUBLICAN PARTY OF LOUISIANA

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refund. In addition, any reattributions should be reported as memo entries on Schedule A of the report covering the period during which the authorization for the reattribution is received. Any transfers-out or refunds should be disclosed on Schedule B supporting Line 22 or 28 of the report during which the transaction was made.

Although the Commission may take further legal action regarding the acceptance of an excessive contribution(s), prompt action by your committee to seek reattribution, transfer-out or refund the excessive amount will be taken into consideration.

-Schedule A of your report discloses a contribution(s) from an organization which is not a political committee registered with the Commission (pertinent portion(s) attached). In addition, the contribution appears to exceed the limits set forth in the Act. 2 U.S.C. §441a(f) precludes a political committee from receiving contributions from a person or another committee in excess of \$5,000 in a calendar year.

The Commission notes the refund of the apparent impermissible funds received from an organization that is not a registered political committee disclosed on the 30 Day Post-General Report. Although the Commission may take further legal action concerning the acceptance of impermissible funds, your prompt corrective action will be taken into consideration.

-The totals listed on Lines 11(b) and 11(c), Column B of the Detailed Summary Page(s) appear to be incorrect. Please be advised that you should add the "Calendar Year-to-Date" total from your previous report to the current "Total This Period" figure from Column A to derive the correct Column B totals. Please amend your report and any subsequent reports that may be affected by this correction.

-On Schedule D of your previous report, you disclosed a debt(s) owed to Hilton Hotel and Bauer for President. This obligation(s), however, has been omitted from this report. Please amend your report to include this debt(s) on Schedule D and Line 10 of the Summary Page. All debts and obligations must be disclosed until extinguished. 11 CFR §104.11

-Commission Regulations require that a committee disclose the identification of all individuals who contribute in excess of \$200 in a calendar year. (11 CFR §104.3(a)(4)(i)) Identification for an individual is defined as the full name, mailing address, occupation and name of

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employer. (11 CFR §100.12) Your report discloses contributions from individuals for which the identification is not complete.

You must provide the missing information, or if you are unable to do so, you must demonstrate that "best efforts" have been used to obtain the information. To establish "best efforts," you must provide the Commission with a detailed description of your procedures for requesting the information. Establishing "best efforts" is a three-fold process.

First, your original solicitation must include a clear and conspicuous request for the contributor information and must inform the contributor of the requirements of federal law for the reporting of such information. (11 CFR §104.7(b)(1))

Second, if the information is not provided, you must make one follow-up, stand alone effort to obtain this information, regardless of whether the contribution(s) was solicited or not. This effort must occur no later than 30 days after receipt of the contribution and may be in the form of a written request or an oral request documented in writing. (11 CFR § 104.7(b)(2))
The request must:

- clearly ask for the missing information, without soliciting a contribution;
- inform the contributor of the requirements of federal law for the reporting of such information, and
- if the request is written, include a pre-addressed post card or return envelope.

Third, if you receive contributor information after the contribution(s) has been reported, you shall either a) file with your next regularly scheduled report, an amended memo Schedule A listing all the contributions for which additional information was received; or b) file on or before your next regularly scheduled reporting date, amendments to the report(s) originally disclosing the contribution(s). (11 CFR §104.7(b)(4))

Please provide the missing information or a detailed description of your procedures for requesting the information. For more information on demonstrating "best efforts," please refer to the Campaign Guide.

-Schedule A supporting Line 12 discloses a transfer(s)-in from RNC. Schedule B supporting Line 21(b) reflects payments for yard signs and the purchase of sign stakes. Please be advised that a state or local party

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committee may pay for campaign materials (such as bumper stickers) that are distributed by volunteers in connection with activity on behalf of the party's nominees in a general election. Payments for this type of activity are exempt from the definition of a contribution or expenditure if certain conditions are met. The conditions are that no public advertising may be used, including distribution by direct mail (mailings by a commercial vendor or from commercial lists); all funds used for the activity must be permitted under the Act; none of the funds used may have been designated for a particular candidate; and finally, payments for the activity may not be made from transfers-in from the national committee to specifically fund the activity. For further guidance, please refer to 11 CFR §100.7(b)(15) and (17) and to the Campaign Guide for Party Committees.

Please clarify the nature of the transfer(s)-in and subsequent payments for the aforementioned disbursement(s). If the activity disclosed on your report does not meet the definition of "exempt" activity as described above and if any portion of the expenditures were made on behalf of specifically identified candidates, that amount must be disclosed on Schedule B or F supporting Line 23 or 25 of the Detailed Summary Page as appropriate.

-Your report discloses a payment(s) on Schedule B or H4 to Federal Express, Southwest Computer Bureau, and Susan H. Stewart that has not been recorded on Schedule D. Debt payments must also be reflected on Schedule D. Please amend your report to clarify this discrepancy. 2 U.S.C. §434(b)(4)

-Itemized disbursements must include a brief statement or description of why the disbursements were made. Please amend Schedule(s) H4 of your report to clarify the following description(s): consulting services/administration, party mtg expenses/administration, prof service-event planner/administration, prof services-consulting/administration, parliamentarian services/administration, and prof services/administration. For further guidance regarding acceptable purposes of disbursements, please refer to 11 CFR §104.3(b)(3).

-Payments made to credit card companies must identify the original vendors from which you have purchased an item or service if your payments to these vendors have exceeded \$200 this year. Please amend your report by providing the mailing address, date, amount and purpose of such payments as required by 11 CFR §104.9(b).

-Please clarify all expenditures made for advertising/administration on

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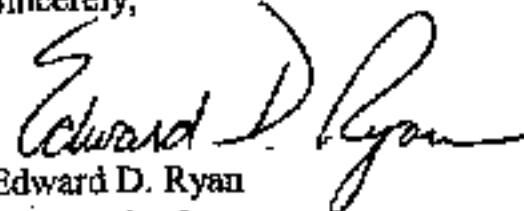
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Schedule(s) H4. If a portion or all of these expenditures were made on behalf of specifically identified federal candidates, this amount should be disclosed on Schedules B, E or F supporting Lines 23, 24 or 25 and include the amount, name, address and office sought by each candidate. 11 CFR §§104.3(b) and 106.1

Your report disclosed a category of financial activity that has been reflected on the wrong line of the Detailed Summary Page. Contributions from federal candidates committees and other political committees should be properly disclosed on a separate Schedule A, supporting Line 11(c) (not Line 11(b)) of the Detailed Summary Page. Please refer to the instructions contained on the forms to determine the proper categorization when preparing your next filing.

A written response or an amendment to your original report(s) correcting the above problem(s) should be filed with the Federal Election Commission within fifteen (15) days of the date of this letter. If you need assistance, please feel free to contact me on our toll-free number, (800) 424-9530 (at the prompt press 1, then press 2 to reach the Reports Analysis Division). My local number is (202) 694-1130.

Sincerely,



Edward D. Ryan
Reports Analyst
Reports Analysis Division

SCHEDULE A

ITEMIZED RECEIPTS

One separate schedule(s)
for each category of the
Detailed Summary PagePAGE OF
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FOR LINE NUMBER
11(a)(i)

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
 Republican Party of Louisiana

A. Full Name, Mailing Address and Zip Code Jack Lawton 101 N Huntington Sulphur, LA 70663-	Name of Employer Jack Lawton, Inc. Occupation President	Date (month, day, year) 08/15/2000	Amount of Each Receipt this Period 5,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date -> 5,000.00		
B. Full Name, Mailing Address and Zip Code William Lawton 3206 Choupique Rd Sulphur, LA 70663-8421	Name of Employer William B. Lawton Co. Inc. Occupation President	Date (month, day, year) 08/28/2000	Amount of Each Receipt this Period 2,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date -> 2,500.00		
C. Full Name, Mailing Address and Zip Code Brent LeBlanc 17716 Eaglewood Dr. Baton Rouge, LA 70819-6557	Name of Employer Information Requested Occupation	Date (month, day, year) 08/28/2000	Amount of Each Receipt this Period 5,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date -> 5,000.00		
D. Full Name, Mailing Address and Zip Code Clifton LeBlanc 8811 Veterans Blvd. Metairie, LA 70003-7708	Name of Employer Information Requested Occupation	Date (month, day, year) 08/28/2000	Amount of Each Receipt this Period 5,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date -> 5,000.00		
E. Full Name, Mailing Address and Zip Code Price LeBlanc P O Box 1339 New Orleans, LA 70130-	Name of Employer Price LeBlanc Automotive Occupation Manager	Date (month, day, year) 09/27/2000	Amount of Each Receipt this Period 1,339.14
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date -> 1,339.14		<i>EDR</i>
F. Full Name, Mailing Address and Zip Code Price LeBlanc P O Box 1339 New Orleans, LA 70130-	Name of Employer Price LeBlanc Automotive Occupation Owner	Date (month, day, year) 08/28/2000	Amount of Each Receipt this Period 5,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date -> 5,000.00		<i>EDR</i>
G. Full Name, Mailing Address and Zip Code John Lee 912 Constantinople St. New Orleans, LA 70115-	Name of Employer Information Requested Occupation	Date (month, day, year) 08/28/2000	Amount of Each Receipt this Period 1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date -> 1,000.00		

SUBTOTAL of Receipts This Page (optional)

24,339.14

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

use separate schedule
for each category of the
Detailed Summary Page

PAGE OF
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FOR LINE NUMBER
11(a)(i)

Any information copied from such reports and statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Republican Party of Louisiana

A. Full Name, Mailing Address and Zip Code Richard Simmons PO Box 8288 Metairie, LA 70011-8288	Name of Employer Information Requested Occupation	Date (month, day, year) 08/28/2000	Amount of Each Receipt this Period 200.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ->	200.00	
B. Full Name, Mailing Address and Zip Code William Slatten PO Box 4250 New Orleans, LA 70170-4250	Name of Employer Bisso Towboat Co., Inc Occupation Executive	Date (month, day, year) 08/08/2000	Amount of Each Receipt this Period 4,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ->	5,000.00	
C. Full Name, Mailing Address and Zip Code Joe Smith 2734 George's Lane Alexandria, LA 71301-	Name of Employer Self Employed Occupation Investments	Date (month, day, year) 08/15/2000	Amount of Each Receipt this Period 5,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ->	5,000.00	<i>SO2</i>
D. Full Name, Mailing Address and Zip Code Kelsey Smith P O Box 2549 New Orleans, LA 70130-	Name of Employer Information Requested Occupation	Date (month, day, year) 08/28/2000	Amount of Each Receipt this Period 350.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ->	350.00	
E. Full Name, Mailing Address and Zip Code Mrs. Joe D. Smith 3600 Parliament Dr. Alexandria, LA 71303-	Name of Employer Information Requested Occupation Homemaker	Date (month, day, year) 08/28/2000	Amount of Each Receipt this Period 1,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ->	1,000.00	
F. Full Name, Mailing Address and Zip Code James Smith, Sr. PO Box 8 Stonewall, LA 71078-0008	Name of Employer Information Requested Occupation	Date (month, day, year) 09/16/2000	Amount of Each Receipt this Period 1,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ->	1,000.00	
G. Full Name, Mailing Address and Zip Code Gary Solomon P.O. Box 61813 New Orleans, LA 70161-1813	Name of Employer Solomon Brothers, Inc. Occupation Owner	Date (month, day, year) 09/06/2000	Amount of Each Receipt this Period 1,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ->	1,000.00	

SUBTOTAL of Receipts This Page (optional)

12,550.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the detailed summary page.

PAGE OF
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FOR LINE NUMBER
11(a)(i)

Any information copied from such reports and statements may not be used by any person for the purpose of soliciting contributions or for commercial purposes, other than under the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Republican Party of Louisiana

A. Full Name, Mailing Address and Zip Code Ben Sletter 128 Sector Avenue Metairie, LA 70005-	Name of Employer Occupation Aggregate Year-to-Date ->	Date (month, day, year) 04/18/2000 500.00	Amount of Each Receipt this Period 500.00
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			
B. Full Name, Mailing Address and Zip Code William Slatten PO Box 4250 New Orleans, LA 70178-4250	Name of Employer Basso Towboat Co., Inc Occupation Executive	Date (month, day, year) 06/26/2000	Amount of Each Receipt this Period 1,000.00
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			
C. Full Name, Mailing Address and Zip Code Joe Smith P O Box 286 Alexandria, LA 71309-	Name of Employer self Occupation Investments	Date (month, day, year) 05/18/2000	Amount of Each Receipt this Period 250.00
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			502
D. Full Name, Mailing Address and Zip Code Joe Smith 3600 Parliament Drive Alexandria, LA 71303-	Name of Employer Retired Occupation	Date (month, day, year) 05/25/2000	Amount of Each Receipt this Period 250.00
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			502
E. Full Name, Mailing Address and Zip Code Jennifer Speed One Galleria Blvd. Suite 1100 Metairie, LA 70001-	Name of Employer State Of La Occupation Representative	Date (month, day, year) 06/28/2000	Amount of Each Receipt this Period 500.00
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			
F. Full Name, Mailing Address and Zip Code David Snyder 9350 West Jamaica Baton Rouge, LA 70815-	Name of Employer Chemical Engineering Asst. Occupation Engineer	Date (month, day, year) 06/28/2000	Amount of Each Receipt this Period 250.00
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			
G. Full Name, Mailing Address and Zip Code Evans Spiceland 123 N. Rueelle Drive Mandeville, LA 70471-	Name of Employer LaSalle University Occupation Advertising	Date (month, day, year) 06/28/2000	Amount of Each Receipt this Period 500.00
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			

SUBTOTAL of Receipts This Page (optional)

3,250.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary PagePAGE OF
1 1
FOR LINE NUMBER
11(b)

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
 Republican Party of Louisiana

A. Full Name, Mailing Address and Zip Code
 Baker For Congress Committee
 P.O. Box 1694
 Baton Rouge, LA 70821-1694

Receipt For: Primary General
 Other (specify)

Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	08/18/2000	25,000.00
Occupation		<i>ED</i>
Aggregate Year-to-Date ->		25,000.00

B. Full Name, Mailing Address and Zip Code
 Cooksey For Congress Committee
 P.O. Box 7600
 Monroe, LA 71211-7600

Receipt For: Primary General
 Other (specify)

Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	08/18/2000	10,000.00
Occupation		<i>ED</i>
Aggregate Year-to-Date ->		10,000.00

C. Full Name, Mailing Address and Zip Code
 Republican Exe. Comm Of Jefferson
 729 Champagne Drive
 Kenner, LA 70065-

Receipt For: Primary General
 Other (specify)

Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	09/02/2000	2,000.00
Occupation		
Aggregate Year-to-Date ->		3,000.00

D. Full Name, Mailing Address and Zip Code
 Friends of Bob Livingston
 P O Box 6929

Receipt For: Primary General
 Other (specify)

Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	08/18/2000	5,000.00
Occupation		
Aggregate Year-to-Date ->		5,000.00

E. Full Name, Mailing Address and Zip Code

Receipt For: Primary General
 Other (specify)

Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	/ /	
Occupation		
Aggregate Year-to-Date ->		

F. Full Name, Mailing Address and Zip Code

Receipt For: Primary General
 Other (specify)

Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	/ /	
Occupation		
Aggregate Year-to-Date ->		

G. Full Name, Mailing Address and Zip Code

Receipt For: Primary General
 Other (specify)

Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	/ /	
Occupation		
Aggregate Year-to-Date ->		

SUBTOTAL of Receipts This Page (optional)

42,000.00

TOTAL This Period (last page this line number only)

42,000.00

SCHEDULE A

ITEMIZED RECEIPTS

The separate schedule(s)
for each category of the
Detailed Summary Page

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1 1
FOR LINE NUMBER
11(b)

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Republican Party of Louisiana

A. Full Name, Mailing Address and Zip Code Baker For Congress 5555 Hilton Ave Suite 100 Baton Rouge, LA 70806- Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation	04/28/2000	2,000.00
	Aggregate Year-to-Date ->	2,000.00	202
B. Full Name, Mailing Address and Zip Code Republican Exec. Comm Of Jefferson 729 Champagne Drive Kenner, LA 70065- Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation	04/18/2000	500.00
	Aggregate Year-to-Date ->	500.00	
C. Full Name, Mailing Address and Zip Code Republican Exec. Comm Of Jefferson 729 Champagne Drive Kenner, LA 70065- Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation	04/18/2000	500.00
	Aggregate Year-to-Date ->	1,000.00	
D. Full Name, Mailing Address and Zip Code Republican Women of SW LA P O Box 754 Lake Charles, LA 70602- Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation	04/18/2000	100.00
	Aggregate Year-to-Date ->	100.00	
E. Full Name, Mailing Address and Zip Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation	/ /	
	Aggregate Year-to-Date ->		
F. Full Name, Mailing Address and Zip Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation	/ /	
	Aggregate Year-to-Date ->		
G. Full Name, Mailing Address and Zip Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation	/ /	
	Aggregate Year-to-Date ->		

SUBTOTAL of Receipts This Page (optional)	3,100.00
TOTAL This Period (last page this line number only)	3,100.00

SCHEDULE A

ITEMIZED RECEIPTS

(See separate schedules)
for each category of the
Detailed Summary PagePAGE 1 OF 1
FOR LINE NUMBER
11(c)

Any information copied from such reports and statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Republican Party of Louisiana

A. Full Name, Mailing Address and Zip Code Acadian Ambulance PAC P.O. Box 98000 Lafayette, LA 70509-8000 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Occupation Aggregate Year-to-Date -> 5,000.00	Date (month, day, year) 08/18/2000	Amount of Each Receipt this Period 5,000.00
B. Full Name, Mailing Address and Zip Code Building Our Bases (BOBS) 226 So. Washington St. Alexandria, VA 22314- Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Occupation Aggregate Year-to-Date -> 5,000.00	Date (month, day, year) 08/18/2000	Amount of Each Receipt this Period 5,000.00
C. Full Name, Mailing Address and Zip Code CFC-PAC P.O. Box 22614 Monroe, LA 71211-7600 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Occupation Aggregate Year-to-Date -> 20,000.00	Date (month, day, year) 08/18/2000	Amount of Each Receipt this Period 20,000.00
D. Full Name, Mailing Address and Zip Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Occupation Aggregate Year-to-Date ->	Date (month, day, year) / /	Amount of Each Receipt this Period
E. Full Name, Mailing Address and Zip Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Occupation Aggregate Year-to-Date ->	Date (month, day, year) / /	Amount of Each Receipt this Period
F. Full Name, Mailing Address and Zip Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Occupation Aggregate Year-to-Date ->	Date (month, day, year) / /	Amount of Each Receipt this Period
G. Full Name, Mailing Address and Zip Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Occupation Aggregate Year-to-Date ->	Date (month, day, year) / /	Amount of Each Receipt this Period
H. Full Name, Mailing Address and Zip Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ->		

ED2

SUBTOTAL of Receipts This Page (optional)	30,000.00
TOTAL This Period (last page this line number only)	30,000.00

